sets of negative tests for TV and other STDs at one and three week intervals following treatment. Her casual consort in London was untraceable.

T. vaginalis is a cosmopolitan flagellate of the genital organs in adults. Transmission occurs primarily through sexual intercourse as the parasite has no resistant stage. Infection is commonly symptomless in the male and produces a severe vaginitis in the female. There is little evidence to support direct female to female transmission resulting from poor standards of sanitation and hygiene. Whittington showed that the Trichomonas vaginalis organism in vaginal exudate can survive up to 48 hours when maintained at 10°C. Hesseltine et al. (1942) produced the clinical entity of vaginal trichomoniasis by inoculation of the human vagina with vaginal trichomonads.

We believe this is the first reported case of Trichomonas vaginalis infection acquired probably in a lesbian relationship transmitted from partner’s vaginal exudates through masturbating fingers.

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References
1 Whittington MJ. The survival of Trichomonas vaginalis at temperatures below 37°C. J Hyg Epidemiol Microbiol Immunol 1951;49:400.

Correspondence

Trachomatis and Neisseria gonorrhoeae are offered to all women attending the Department of Genitourinary Medicine in Newcastle. In a retrospective study the incidence of these two infections in women during 1985 to 1988 were compared as shown in the table. The new isolates of C trachomatis and N gonorrhoeae declined steadily over the four year period, while the number of women screened for these two infections remained fairly stable. The incidence of Chlamydia trachomatis has fallen from 174/1000 in 1985 to 71/1000 in 1988. A similar decrease in gonorrhoea has already been reported in London. Our observations in Newcastle show a parallel trend in these two sexually transmitted infections which are acquired by unprotected penetrative sexual intercourse. These findings are suggestive of changes in sexual behaviour in women attending a genito-urinary medicine clinic.

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Reference

TO THE EDITOR, Genitourinary Medicine

Declining incidence of Chlamydia trachomatis in women attending a provincial genitourinary medicine clinic

Sir,

Endocervical cultures for Chlamydia

Table

<table>
<thead>
<tr>
<th>Year</th>
<th>1985</th>
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<th>1987</th>
<th>1988</th>
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<tr>
<td>Total new attenders</td>
<td>3121</td>
<td>3205</td>
<td>3570</td>
<td>3156</td>
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<tr>
<td>Number screened</td>
<td>3063</td>
<td>3082</td>
<td>3326</td>
<td>3019</td>
</tr>
<tr>
<td>Gonococcal isolates</td>
<td>296</td>
<td>256</td>
<td>158</td>
<td>105</td>
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<tr>
<td>C trachomatis isolates</td>
<td>534</td>
<td>439</td>
<td>426</td>
<td>215</td>
</tr>
</tbody>
</table>

TO THE EDITOR, Genitourinary Medicine

Declining incidence of Chlamydia trachomatis infection among female patients attending the Department of Genito-Urinary Medicine, Bournemouth

Sir,

Over the last 5 years we have noticed a significant fall in the prevalence of chlamydia infection among female patients attending our department. It has fallen from 14-57% culture positives in 1984 to 3-23% in the first six months of 1989. A national fall in the prevalence of syphilis, gonorrhoea and
Falling prevalence of Chlamydia trachomatis infection among female patients attending the Department of Genito-urinary Medicine, Bournemouth.

K Sivakumar and R B Roy

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doi: 10.1136/sti.65.6.400

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